

SES PROVIDER APPLICATION

Part B

PROVIDER SERVICE SUMMARY

(This information will be available on-line to parents, schools, and the general public.)

PROVIDER INFORMATION

NAME OF PROVIDER:

Valley Park School District

MAILING ADDRESS:

One Main Street

CITY: Valley Park

STATE: MO

ZIP CODE: 63088

PHONE NUMBER:

(636) 923-3614

FAX NUMBER:

(636) 861-1002

E-MAIL ADDRESS:

lkinder@vp.k12.mo.us

PRIMARY CONTACT INFORMATION

NAME:

Laura J. Kinder

PHONE NUMBER:

(636) 923-3614

E-MAIL ADDRESS

lkinder@vp.k12.mo.us

SERVICES**Provider status—check all that apply:**

- For-profit organization
 Non-profit organization
 Faith-based organization

- School district
 School building
 Individual
 Other:

Areas to be served by provider:

- All school districts in Missouri
 Specific districts or counties. Please list: Valley Park

Number of sessions per week: 2**Minimum/maximum numbers:**

Minimum number of students required before offering services: 20

Maximum number of students to be served at a session: 40 5

Cost per session:**Proposed location of service delivery:**

- Student's school site (if negotiated with the district)
 Provider site
 Other—explain:

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee?
 (Note: Districts are not required to provide or pay for transportation).

No

Certification of instructors:

- Baccalaureate degree in education
 Baccalaureate degree in related field of instruction. Please list related field(s):
 Reading Specialist
 Other:

Additional education and/or experience:

- Masters level degrees or above in either reading or mathematics
 Missouri teacher certificated/licensed teachers
 Experience teaching students with specific disabilities
 Experience teaching LEP students
 Ability to speak languages other than English. Please list:
 Other:

Tutoring subjects available:

- Reading Writing Math

Grade Levels Served:

- K-2 3-5 6-8 9-12

Title or description of tutoring curriculum utilized: _____

Time of Service:

- Before School
 After School
 Weekends
 Summer
 Other: _____

Mode of Instructional Delivery:

- Individual one-on-one tutoring
 Small group instruction (2 to 5 students)
 Large group instruction (6 to 10 students)
 On-Line/Web-based
 Other: _____

Specifics of reporting to parents & school (check all that apply):

Method:

- letters
 phone calls
 conference with parents
 conference with parents & school
 other: _____

Frequency:

- weekly
 bi-monthly
 monthly
 other: _____

Specific Student Populations Served:

If your organization has provided supplemental services to any of the following groups, please check the corresponding box.

- Low-income students
 Minority students
 Migrant students
 Limited English proficient students (LEP)
 Special education students
 Other—describe: After-school programs grades 2 through 8.
 Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.
Indicate subgroups: _____

Effectiveness:

Give a brief description of evidence you have that demonstrates effectiveness of your program/services. (This will be shared with parents).

Although Valley Park has not yet been asked or required to provide Supplemental Educational Services, our results on the MAP, especially in the communication arts area, indicate that we are capable of providing a superior program.